

CHAPTER 3

SECTION 1.5

LAPAROSCOPIC SURGICAL PROCEDURES

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I. DESCRIPTION

An endoscopic surgical technique which employs the use of a laparoscope. TRICARE views laparoscopic surgical procedures as variations of standard surgical procedures traditionally performed with a scalpel.

II. POLICY

A. Benefits may be extended for laparoscopic surgical procedures without laser when determined to be medically necessary.

B. Benefits may be extended for laparoscopic surgical procedures with laser when the laser has been approved by the Food and Drug Administration for general use in humans and the laparoscopic procedure is determined to be medically necessary.

C. Claims Not Subject to TRICARE Claimcheck. When a CPT code exists for a laparoscopic procedure and a CMAC has been established, the CMAC should be used. For reimbursement of laparoscopic procedures that do not have a CPT code, reimbursement shall never exceed the amount allowed for the standard surgical procedure performed with a scalpel. Reimbursement will follow the reimbursement methodology in place for where the service is rendered. No reimbursement shall be made for secondary procedures performed as a result of failure of the laparoscopic procedure when determined to be integral and similar to the original procedure (i.e., same patient, one bill for laparoscopic cholecystectomy and one bill for excisional cholecystectomy). Secondary procedures should be denied with EOB message number 20, "This charge included with a paid service."

D. Claims Subject to TRICARE Claimcheck. Under TRICARE Claimcheck, generally both a surgical scope and open procedure of the same anatomic area will not be allowed. When a single area or single pathology can be addressed by an open or laparoscopic approach, only one procedure will be allowed, that which is clinically more intense. For example, if a laparoscopic cholecystectomy (CPT 56340, 56341), is submitted with an open cholecystectomy (CPT 47600, 47605), only the latter survives. In this circumstance, it is assumed that the laparoscopic approach was attempted and abandoned, and converted to an

open procedure through which the gallbladder was removed. Secondary procedures should be denied with EOB message number 20, "This charge included with a paid service."

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